

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541581

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		2		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		2		/		
16		2		/		
17		2		/		
18		1		/		
19		1		/		
20		1		/		
21		1		/		
22		1		/		
23		1		/		
24		4		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36	/		/			
37		1		/		
38		2		/		
39		0		/		
40		0		/		
41		0		/		
42		0		/		
43		0		/		
44		0		/		
45		0		/		
46		0		/		
47	/		/			
48		1		/		
49		1		/		
50		1		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
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97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	45	←		←
TOTAL CLAIMS			52			